

Rec'd
05-24-2005

2005 Emergency Temporary Drought Transfer



STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER DROUGHT PERMIT

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☒ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>054-01467 CTCL@3</u>	WRIA <u>39</u>
DATE ACCEPTED <u>05/25/05</u>	BY <u>[Signature]</u>
FEE \$ _____	REC'D <u>05/24/2005</u>
CHECK No. _____	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Harry Masterson	PHONE NO. (509) 674-4431	FAX NO. (509) 674-5214
ADDRESS 807 W. First Street		
CITY Cle Elum	STATE WA	ZIP CODE 98922 - 1015

CONTACT NAME (IF DIFFERENT FROM ABOVE) Allyson Barker	PHONE NO. (206) 654-4160	FAX NO. (206) 654-4161
ADDRESS Two Union Square, 601 Union Street, Suite 3700		
CITY Seattle	STATE WA	ZIP CODE 98101 - 4072

2. Water Right Information: 2nd Supp ROR 1630

WATER RIGHT OR CLAIM NUMBER Claim No. 01467	RECORDED NAME(S) Harry James Masterson
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application. See Attachment 1.

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

SUB 3 TEANAWAY
COURT CLAIM 01467
MASTERSON P630
25 ROR

054-01467 CTCL@3

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Teanaway River		NW	NE	25	20 N	16E	20-16-25000-0019	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		SW	NW	33	20N	16E	20-16-33020-0001	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

See Attachment 2.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
irrigation and stockwater	4.8 cfs	1527.5	May 1 through Sept. 15
-233 acres are being fallowed for the 2005			
irrigation season for temporary transfer to the			
state water trust			

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Purpose of use will still be irrigation.			May 1 through Sept. 15

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Were it not fallowed for transfer of a portion of this right to the State Water Trust, the place of use would have been in those portions of the S1/2SW1/4, SW1/4SE1/4 of Sec. 28 and the N1/2NW1/4, NW1/4NE1/4 of Sec. 33 lying southerly & westerly of the Masterson Ditch, all within T. 20N, R. 16 EWM.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Kittitas	Multiple	235
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Remaining areas of irrigation are							
in the following sections:							
SW1/4 Sec. 28, T.20N, R16E.W.M.							
NW1/4 Sec. 33, T.20N, R.16E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Kittitas	Multiple	2
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. See Attachment 3.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

1. This emergency transfer application is for a change in diversion for irrigation of only two acres. The remainder of Court Claim No. 01467 is being leased to the Department of Ecology for transfer to instream flow for the 2005 irrigation season.
2. This right was approved for transfer to Roza irrigation district in 2001, documentation of that transfer is attached to demonstrate continuous use of the right.
3. The section, township and range entered on the attached water well report were not correct. The correct section township and range for this well are listed in Section 3.B.
IF FOR SEASONAL OR TEMPORARY, START DATE May / 1 / 2005 END DATE Sept. / 15 / 2005

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Nary Masterson</u> (Applicant)	<u>5/23/05</u> (Date)
<u>Nary Masterson</u> (Water Right Holder)	<u>5/23/05</u> (Date)
<u>Nary Masterson</u> (Land Owner(s) of Existing Place of Use)	<u>5/23/05</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____